

## **North Carolina Department of Health and Human Services**

Michael F. Easley, Governor

Carmen Hooker Odom, Secretary

# Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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#### **Division of Medical Assistance**

2501 Mail Service Center Raleigh, North Carolina 27699-2501 Tel 919-857-4011•Fax 919-733-6608 Gary H. Fuquay, Director

### **MEMORANDUM**

TO: Area Directors

FROM: Mike Moseley, Director, DMH/DD/SAS

Gary Fuquay, Director, DMA

SUBJECT: Revised Prospective Rates for Services SFY 2004-2005

DATE: July 14, 2004

Please find attached and included in this memorandum the FY 2004-2005 Medicaid and non-Medicaid rates for mental health, developmental disabilities and substance abuse services and the CAP case management service rate. These rates are a revision of the rates contained in our memorandum dated June 14, 2004. Some items are adjustments to the rates previously distributed and a number of rates are in addition to the previous distribution.

Changes from the previous distribution are as follows:

Schedule	Number	Description of change
Sch. A	90815	Service added; had been omitted in original distribution
Sch. A	90822	Service added; had been omitted in original distribution
Sch. A	90824	Service added; had been omitted in original distribution
Sch. A	90827	Service added; had been omitted in original distribution
Sch. A	90828	Service added; had been omitted in original distribution
Sch. A	90829	Service added; had been omitted in original distribution
Sch. A	96105	Service added; had been omitted in original distribution
Sch. A	97113	Service added; had been omitted in original distribution
Sch. A	97520	Service added; had been omitted in original distribution
Sch. A	97750	Service added; had been omitted in original distribution
Sch. A	99234	Service added; had been omitted in original distribution
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	Sch. D	YP820	Service added; had been omitted in original distribution

The Department of Health and Human Services is appreciative and welcomes input regarding these rates. In order to effectively address and respond to concerns regarding these rates, it is necessary for us to focus on issues brought to us on your behalf by your provider association.

Please submit your concerns and associated information to us through your association. Input received by us from your association will be evaluated jointly by the Division of Medical Assistance and the Division of MH/DD/SAS and we will determine whether an adjustment to the rates promulgated is necessary. We will communicate the results of our reviews to you through your association.

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Please keep in mind that a rate change has broad implications. One of the Department's goals in establishing these rates is to ensure that rates for procedures are both appropriate and consistent across provider types.

If you have any questions or concerns regarding these rates please contact Pat Jeter for the Medicaid rates at (919) 857-4015 or Rick DeBell for the non-Medicaid rates at (919) 733-7013.

#### Attachments

Cc: Secretary Carmen Hooker Odom

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MH/DD/SAS Professional Organizations and Groups MH/DD/SAS Stakeholder Organizations and Groups